

Kansas Department of Health and Environment
Office of Vital Statistics
CERTIFICATE OF DEATH

115-2018-01202

State File Number

1. Decedent's Legal Name (First, Middle, Last) MARION JULIA HOFFMAN		2. Sex FEMALE		3. Date Of Death (Month, Day, Year) 01/17/2018		4. Social Security Number [REDACTED]		5. Date Filed By State Registrar 01/22/2018	
6. Last Name Prior to First Marriage MCGRAW		7a. Date Of Birth [REDACTED]		7b. Age 90 YEAR(S)		8. Place Of Birth (City And State Or Foreign Country) HOGE, KANSAS		9. Decedent Ever In U.S. Armed Forces NO	
10a. Place Of Death DECEDENT RESIDENCE		10b. Facility Name (If Not Institution, Street And Number) 2328 N 81ST COURT				10c. County Of Death WYANDOTTE		10d. Zip Code 66109	
10e. City or Town Of Death KANSAS CITY		11. Marital Status MARRIED		12. Surviving Spouse (Name Prior to First Marriage) BERNARD ARTHUR HOFFMAN		13a. Residence - Street Address 2328 N 81ST COURT			
13b. State or Foreign Country KANSAS		13c. County or Province WYANDOTTE		13d. City or Town KANSAS CITY		13e. Zip Code 66109		13f. Inside City Limits YES	
14. Decedent's Ancestry IRISH				15. Decedent's Race WHITE					
16. Decedent's Hispanic Origin NOT SPANISH, HISPANIC, LATINO									
17. Decedent's Education ASSOCIATE DEGREE				18. Decedent's Occupation OFFICE ADMINISTRATION			19. Decedent's Industry BRIDGE BUILDERS CONSTRUCTION UNION		
20. Father/Parent Birth Name (First, Middle, Last) HENRY J MCGRAW					21. Mother/Parent Birth Name (First, Middle, Last) EVA REARDON				
22a. Informant's Name (First, Middle, Last) BERNARD HOFFMAN					22b. Mailing Address (Street, Number, City, State, And Zip Code) 2328 N 81ST COURT, KANSAS CITY, KANSAS, 66109			22c. Relationship To Decedent HUSBAND	
23. Method Of Disposition BURIAL		24a. Place Of Disposition GATE OF HEAVEN				24b. Location KANSAS CITY, KANSAS			
25. Funeral Service Licensee And License Number /e/ALENA HASKINS - 2963					26. Name Of Embalmer And License Number JENNA ALEXANDER - 2016021552				
27. Name And Address Of Firm: CHAPEL HILL BUTLER FUNERAL HOME, 701 N 94TH STREET, KANSAS CITY, KANSAS, 66112									
28. Cause Of Death - Part I. Events (diseases, injuries, or complications) that directly caused the death: IMMEDIATE CAUSE (Final Disease Or Condition Resulting In Death) A) INFLUENZA B) C) Conditions, if any, leading To cause listed on line A) D) UNDERLYING CAUSE (Disease Or Injury That Initiated The Events Resulting In Death) E) HEART DISEASE; ATRIAL FIBRILLATION; RECENT URINARY TRACT INFECTION; HIP SEPSIS LISTED LAST								Approximate Interval: Onset To Death A) DAYS B) C) D)	
29a. Autopsy NO					29b. Autopsy Findings Available To Complete The Cause Of Death NO			29c. Coroner Contacted NO	
30. Did Tobacco Use Contribute To Death? UNKNOWN		31. If Female: NOT PREGNANT WITHIN THE PAST YEAR					32. Manner Of Death NATURAL		
33a. Date Of Injury		33b. Time Of Injury		33c. Injury At Work		33d. How Injury Occurred			
33e. Place Of Injury				33f. Location (Street And Number Or Rural Route, City Or Town, State, And Zip Code)					
34a. Date Pronounced Dead 01/17/2018		34b. Time Pronounced Dead 5:00 PM		34c. Actual Or Presumed Time Of Death 5:00 PM		34d. Name Of Person Pronouncing Death		34e. License No.	
35a. Pronouncing and Certifying Physician /e/JOHN R HANSEN - MD		35b. License No. 0429103		35c. Date Certified 01/20/2018		35d. Address And Zip Code Of Person Completing Cause Of Death 7381 W 133RD #100, OVERLAND PARK, KANSAS, 66213			

VS231A - Rev. 10/11/2016

01/22/2018 V0074866959 01 HOFFMAN 201804001202 10 Reg M

Topeka, Kansas, certified on the date stamped below.

2018 JAN 22 AM 10:37



Elizabeth W. Saadi

Elizabeth W Saadi, Ph.D
State Registrar
Office of Vital Statistics
Department of Health & Environment

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It is in violation of KSA 65-2422d(g) to prepare or issue any certificate which purports to be an original, certified copy or abstract or copy of a certificate, except as authorized in the Uniform Vital Statistics Act or rules and regulations adopted under this act.

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